OUD PATIENT JOURNEY MAP PHILADELPHIA

Dimensions

Six non-linear categories of criteria laid out by American Society of Addiction Medicine (ASAM) to assess and plan an individual's treatment.

4	3	1	2	5	6
Readiness To Change	**Emotional , Behavioral, Or Cognitive Conditions and Complications**	**Acute Intoxication And/Or Withdrawal Potential**	**Biomedical Conditions And Complications**	**Relapse, Continued Use Or Continued Problem Potential**	**Recovering/Using Environment**

Early 20s - Latina - LGBTQ
Center City

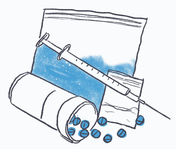
34 - Black - Factory Worker
South Philly

55 - White - Bartender
Southwest Philly

Causes + Life Impact

Substance use since her teenage years

Death of partner after dropping out of community college leads to homelessness



Starts injecting heroin/ fentanyl

Develops arm wounds from xylazine

Starts sex work for money

Buys percocet off the street, laced with fentanyl

Receives opioid prescription

Back injury at factory job

He find he needs more and more medicine but oxy becomes regulated

Hypertension and susceptibility to stroke

Loses job

Children encourage treatment

Long term use of crack cocaine with partner he first started using substances with

Death and incarceration in family

Starts snorting heroin laced with fentanyl

Substance use fueled by dependency on partner who also uses

"My whole life I felt like something was wrong with me because I am trans. Substances just made me forget my other problems. It's hard to imagine life without them."

"It wasn't just one thing that triggered me to up my substance use. It was an avalanche of things. Grief, COVID....I just couldn't take it anymore. I needed a way out."

"I couldn't afford the pills anymore. Sex work pays well but not as much as oxy costs. A guy turned me on to injecting heroin at the encampment because it was cheaper. That's when things really went downhill."

"I hurt my back and my doctor prescribed me oxycodone. Then the drug started being regulated and he wouldn't give it to me anymore. I withdrew so bad I NEEDED it to survive the day. What was I supposed to do?"

"I didn't know where the drugs began and my relationship ended. Her addiction was my addiction. It would flip back and forth as to who wanted to get sober. It's damn hard for one person to get two people sober."

"You start numbing yourself and putting yourself in unsafe situations. I never thought I would get to this point. It felt impossible that I would ever recover from addiction."

Jane's conservative parents cut her off from the family after learning of her gender and sexual identity. Going to college provided her with a fresh start. She met her partner and finally felt supported and loved. But her family's refusal to give financial support pushed her to work extra hours to provide for herself while maintaining her grades. This took a toll on her mental and physical health, and she started using recreational drugs over the weekends to let off steam.

Roger was always involved with his family's lives. He drops out of college early to help his brother and father at their store. After his firstborn's birth, he trusts them to take care of her. Roger's brother's sudden and tragic passing moves him to the core. Adding up to the unemployment because of COVID, Roger's fragile state pushes him to depend on snorting cheaper heroin laced with fentanyl.

The pandemic made Jane's life even more chaotic than it was before. She used to take recreational substances with her partner for relaxation, but after their death, her use was fueled by feelings of abandonment. Heroin was available at the homeless encampment, so she started injecting heroin to numb herself from all the pain. Notably, the street price of heroin has been much lower in recent years than in past decades, is more available, and provides a better high.

Chris sustained a serious back injury at his factory job. His primary care doctor initially prescribed him opioids for the pain, which helped him significantly. But he felt helpless when he was cut off from the prescription after the substance was regulated. His injury was so severe that he would do anything to try to stop it. This intense pain can lead to substance use and other behaviors for the person to avoid the pain.

When two users are in a relationship, they are likelier to keep enabling one another. Codependents like Roger fear their relationship with their partner will end, so they go to great lengths to accommodate them. A person who uses substances may want to choose sobriety over addiction at times, but this may be impossible due to codependency unless they part ways.

Jane's traumatic past led her to depend on substances for relief. People struggling with either mental health or substance abuse — or both — are more susceptible to larger issues that push them onto the street. It can be more challenging for people who are experiencing homelessness to stop using substances because they may often have smaller social support networks and may have decreased motivation to quit using substances.

Glossary

MOUD
A class of medications for Opioid Use Disorder

Bupe / Buprenorphine
An opioid partial agonist, used to treat opioid use disorder, acute and chronic pain.

Naloxone
A medicine we can keep on hand that rapidly reverses an opioid overdose.

Fentanyl
A powerful and potent synthetic opioid, often used illicitly as a recreational drug.

Xylazine
Non-opioid sedative. Causes severe central nervous system complications.

Percocet
Combination medication used to treat moderate to severe pain.

THE OUD TREATMENT SYSTEM

Recovery

Neutral

Recurrence

MOUD Clinic

Harm reduction services recognizes ways of taking substances and engaging in sex work in a less harmful setting. These spaces are radically nonjudgmental and very effective for OUD patients.

Shows wounds to outreach worker and gets condoms + HIV tests

Connects to Social Services

Joins a femme-only space

Support from parents

Physical therapy

New job

Bupe manages back pain

Doctors and clinicians, particularly those without specialty in OUD, think of buprenorphine as "replacing one drug for another." This stigmatized attitude can cause some distrust towards patients with OUD. For Chris, bupe made all the difference for his underlying problem of back pain in combination with physical therapy.

Warm handoff to walk-in bupe clinic with social worker

Rejected by Pain Management Clinicwhen he tests positive for fentanyl

Overdose

Overdose reversed with naloxone

Continues substance use

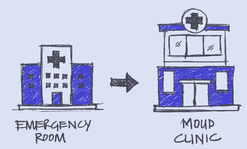
Familial disapproval continues

Starts inpatient program

Drops out when partner is unable to join the same program

Continues substance use

Receptionists and care workers can make all the difference for the patient experience. MOUD clinics are not available in all areas of Philly and where they are available, receptionists do not always pick up the phone or are not accepting new patients.



Mini stroke - existing health conditions

Medical teams that provide the best results to patients with OUD understand that many of them don't just struggle with substances, but also other comorbidities. Roger's mini-stroke occurred because of his substance use combined with his high blood pressure.

Unresponsive MOUD clinics

Rejects another inpatient offer from hospital

Continued substance use

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